

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 9

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

04/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(64), 1902(a)(23), 1902(a)(4)(C)&(D)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

New Page, 36a
Page 41
Page 77,9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Same page, New
Same page, Revised 01-01-93, TN#93-07
Same page, Revised 06-30-79, TN#79-10

10. SUBJECT OF AMENDMENT:

Adding recommended language regarding Fraud and Abuse

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

June 22, 2001

16. RETURN TO:

OKLAHOMA HEALTH CARE AUTHORITY
4545 NORTH LINCOLN
SUITE 124
OKLAHOMA CITY, OK 73105

ATT: BILLIE WRIGHT

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 26, 2001

18. DATE APPROVED:

July 24, 2001

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 01, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

cc: Mike Fogarty
Charles Brodt
Jim Hancock
Billie Wright

New: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: OKLAHOMA

Citation
Sectio 1902(a)(64) of
the Social Security Act
P.L. 105-33

4.5a Medicaid Agency Fraud Detection and Investigation
Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

New 04-01-01

TN # 01-09 Approval Date 07-24-01 Effective Date 04-01-01
Supersedes
TN # _____

SUPERSEDES: NONE - NEW PAGE

STATE <u>OKlahoma</u>	A
DATE REC'D <u>06-26-01</u>	
DATE APPV'D <u>07-24-01</u>	
DATE EFF <u>04-01-01</u>	
179 <u>OK-01-09</u>	

Revision: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: OKLAHOMA

Citation

42 CFR 431.51
AT-78-90
46 FR48524
48 FR23212
1902 (a)(23)
of the Act
P.L. 100-203
(Section 4113)

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a pre-payment basis.

(b) Paragraph (a) does not apply to services furnished to an individual - -

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitation in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902 (p) of the ACT, or

Section 1902(a)(23)
of the Social Security Act
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determined that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services.

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1915(b)(1), a health maintenance organization, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

Revised 04-01-01

TN # <u>01-09</u>	Approval Date <u>07-24-01</u>	Effective Date <u>04-01-01</u>						
Supersedes TN # <u>93-07</u>	<table border="1"> <tr> <td>STATE <u>OKlahoma</u></td> <td rowspan="5" style="text-align: center; vertical-align: middle; font-size: 2em;">A</td> </tr> <tr> <td>DATE REC'D <u>06-26-01</u></td> </tr> <tr> <td>DATE APPV'D <u>07-24-01</u></td> </tr> <tr> <td>DATE EFF <u>04-01-01</u></td> </tr> <tr> <td>HCFA 179 <u>OK-01-09</u></td> </tr> </table>		STATE <u>OKlahoma</u>	A	DATE REC'D <u>06-26-01</u>	DATE APPV'D <u>07-24-01</u>	DATE EFF <u>04-01-01</u>	HCFA 179 <u>OK-01-09</u>
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Revision: HCFA-PM-99-3 (CMSO)
JUNE 1999

State: OKLAHOMA

Citation

1902(a)(4)(C) of the
Social Security Act
P.L. 105-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that is prohibited by section 207 or 208 of the title 18, United States code.

1902(a)(4)(D) of the
Social Security Act
P.L. 105-33

The Medicaid agency meets the requirements of section 1902(a)(4)(D) of the Act concerning the safeguards against conflicts of interest that are at least as stringent as the safeguards that apply under section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423).

Revised 04-01-01

TN # 01-09 Approval Date 07-24-01 Effective Date 04-01-01

Supersedes

TN # 79-10

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